

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO: 10/826646
APPLICANT(S)

FILED DATE: 7-16-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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11						
12						
13						
14						
15						
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	18		18			
TOTAL CLAIMS	20		20			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						